

RILEY COUNTY-MANHATTAN HEALTH DEPARTMENT  
2030 TECUMSEH ROAD, MANHATTAN, KS 66502  
(785) 776-4779, EXT. 278

Log # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Client # \_\_\_\_\_  
Enc # \_\_\_\_\_  
Pd : Ck # \_\_\_\_\_ cr card cash

\$150.00 fee

**Application:**  
**WASTE STABILIZATION POND**

Lagoon Site Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Legal Description: (copy may be attached) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(statistical purposes only)

I, \_\_\_\_\_, whose present mailing address is:  
\_\_\_\_\_  
(Street) (City/State) (Zip Code)

do hereby apply to construct a waste stabilization pond to serve a single family dwelling which will be located on a tract described as follows:

- Size of property \_\_\_\_\_ acres
- Number of people to be served \_\_\_\_\_
- Number of bedrooms \_\_\_\_\_
- Volume of sewage discharged (if known) \_\_\_\_\_ gallons/day

Name of licensed installer: \_\_\_\_\_

I hereby certify the information on this application is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

.....  
Preliminary proposal approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ for a single cell waste stabilization pond design M-\_\_\_\_\_, with a maximum sewage flow of \_\_\_\_\_ gallons per month (and becomes invalid should the flow exceed this rate) with special requirements as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

by \_\_\_\_\_  
(Health Officer)

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**WASTE STABILIZATION POND USE PERMIT**

Final construction is approved and permit is hereby issued this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
by \_\_\_\_\_  
(Health Officer)